

# The NIH Record

## Women's Health Issues Explored in STEP Module

By Bobbi Bennett

"Women's health issues have been an afterthought, ignored as a discipline by many researchers and policy makers." These opening remarks by Ginger Sullivan, wife of HHS secretary Dr. Louis Sullivan, set the tone for an examination of a panorama of women's health issues at a recent STEP (Staff Training in Extramural Programs) module. Mrs. Sullivan emphasized the strong commitment that President Bush, her husband and she have to focusing attention and prevention efforts on women's health problems.

Mrs. Sullivan also noted the department's efforts to create a greater awareness of the need to include women in clinical trials and research efforts. Dr. Agnes Donahue, executive director of the PHS Office on Women's Health, discussed the PHS action plan for women's health. It will focus more research and prevention activities on such diseases as breast and cervical cancer and osteoporosis. As part of the plan, each agency of the PHS has developed specific short- and long-term goals.

NIH's action plan was outlined by HHS assistant secretary for health Dr. James Mason. It includes: implementing NIH policy on including women in clinical trials; compiling information on NIH support for gender-related research; evaluating medical and legal

(See **WOMEN's HEALTH**, Page 4)

## Howard's Kenneth Olden Named NIEHS Director

The director of Howard University's Cancer Center, Dr. Kenneth Olden, has been named director of the National Institute of Environmental Health Sciences.

In addition to directing NIEHS, Olden will also be director of the National Toxicology Program, a cooperative effort within DHHS to strengthen the federal science base in toxicology and to coordinate the toxicological research and testing activities of four PHS agencies. Both these positions were opened when Dr. David P. Rall retired last October. The positions have been held on an acting basis by Dr. David G. Hoel, who is director of NIEHS' Division of Biometry and Risk Assessment.

Olden comes to the NIEHS directorship from Howard University College of Medicine, where during the past 12 years he has held a number of managerial and scientific positions. Since 1985 he has served as director of the university's Cancer Center and professor and chairman of the department of oncology, Howard University Medical School.

(See **OLDEN**, Page 2)



Fire fighter Tommy Gibson helps preschooler Christopher Deonauth try a bat on for size at the recent spring event sponsored by Parents of Preschoolers, Inc., one of NIH's two on-campus childcare facilities. (See photo feature, p. 6)

## So Many Stories, So Little Time

### NIH Historian Harden Honored for Spotted Fever Book

By Rich McManus

NIH's historian Dr. Victoria A. Harden, who has just won the Henry Adams Prize of the Society for History in the Federal Government for her book *Rocky Mountain Spotted Fever: History of a Twentieth-Century Disease* (Baltimore: Johns Hopkins University Press, 1990), has a problem that has afflicted perhaps every historian from time immemorial—time itself.

While there often tends to be too much of it in the past, the present also conspires to keep the historian interminably engaged.

"Spotted fever is just one NIH story," says Harden, who has been at NIH since 1984. "I could easily list dozens more. We could keep several historians busy writing about the contributions of NIH scientists."

Ironically, time both forms the boundaries of Harden's investigations (her first book was *Inventing the NIH: Federal Biomedical Research Policy 1887-1937*) and circumscribes her efforts to elaborate what goes on within those limits. "If I only had time..." could be the historian's official motto.

Offering additional opportunities for investigations into the history of science are Harden's duties as director of the DeWitt Stetten, Jr. Museum of Medical Research, which was established as part of the NIH centennial observance. "The Stetten Museum has filled a need at NIH to collect, preserve, and exhibit instruments and other artifacts of biomedical research, especially relating to the intramural program," she said.

So far, most of the collection has come from

## Mall Model Favored

### Clinical Center Cafeteria To Get Renovation

By Carla Garnett

NIH'ers will soon be able to keep their lunchtime parking spaces: They will no longer have to dash over to White Flint to grab lunch. And the people heaved a collective sigh of relief. Beginning this winter, eatery-style eating is coming to campus, starting with Bldg. 10's basement-level cafeteria.

"If you're used to the mall approach, that's the way its going to be," says Paul Horton, director of NIH's Division of Space Management. "It's going to be an exciting menu and an exciting place with a lot of color and style."

Construction is scheduled to begin soon on the renovation of the Clinical Center's B1 cafeteria. Modeled after the popular kiosk dining areas found in shopping malls, the new cafeteria will emphasize variety. Among the

(See **CAFETERIA**, Page 10)

people calling to offer her an instrument. "We just don't have the time or staff to collect actively." One of Harden's goals is to produce a reference book on 20th century biomedical research instruments. "No one has done this, and yet these instruments have been so important in medical advances," she said.

Documenting the history of AIDS at NIH is yet another project being pursued as time permits by Harden and one of her staff members, Dennis Rodrigues. "Because so much of today's activity is arranged over the telephone instead of by letter, we are trying to capture how the intramural NIH staff responded to AIDS by conducting oral histories. We have done 27 so far, with probably 100 to 200 still to do." The spoken histories will find a home at NLM's History of Medicine Division and in the National Archives "for all scholars to use," Harden said.

Combining the oral histories with manuscript and published sources, she hopes to complete a book on the history of NIH intramural AIDS research, especially during the years before HIV was identified. "It will be a marvelous book to write—to detail the collaborations among experts in different institutes, the rise and fall of theories about etiology, the long hours spent by staff at all levels in treating AIDS patients in the Clinical Center," enthuses Harden.

Yet she understands the pitfalls of writing about a subject with so many political over-

(See **HARDEN**, Page 8)

## OLDEN

(Continued from Page 1)

Prior to his appointments at Howard, Olden was a research scientist from 1974 to 1979 in the Division of Cancer Biology and Diagnosis, NCI. His major research interest is cancer cell biology, particularly cancer metastasis. Before coming to NIH, Olden spent 4 years as a research fellow and instructor of physiology at Harvard Medical School.

"Our agency is fortunate to have such an outstanding basic scientist and proven leader as NIEHS director," said NIH director Dr. Bernadine Healy. "Dr. Olden's work at NIEHS will impact on every man, woman, and child in the country. I am very pleased for Dr. Olden to be named the first appointment during my tenure as NIH director."

Olden received his B.S. degree in biology in 1960 from Knoxville College, his M.S. degree in 1964 from the University of Michigan, and his Ph.D. in 1970 from Temple University.

In January 1991, Olden was appointed by President Bush to the National Cancer Advisory Board, a position he will relinquish when he assumes the NIEHS post. He is a member of the editorial boards of three journals: *Cancer Research*, *Cell Regulation*, and *Journal of the National Cancer Institute*. He is also the author of numerous basic science articles, and while at the Howard University Medical Center held a number of grants from NIH. He published two of the "One Hundred Most Cited" papers in 1978-1979, one of which—on the subject of cancer cell biology—is now deemed a "citation classic." □

## Furniture Donations Sought

It's hard to fit a kitchen table in your suitcase. Ditto a bed. Which is why the Fogarty International Center (FIC) is asking for donations of furniture to lend to some of the 2,000 foreign scientists carrying out research at NIH.

The loans are handled by the FIC's Foreign Scientist Furniture Loan Service (FSFLS), which relies solely on private donations of household items. Currently, the service has a severe shortage of beds and bedding, tables, chairs, kitchen supplies, sofas, dressers, and bookcases.

Donations are tax-deductible. Anyone interested in donating usable goods should contact Helena Safarova, FSFLS manager, Bldg. 35, Rm. B301, 496-6318. □



*Dr. Anthony S. Fauci, NIAID director, was recently elected as a fellow of the American Academy of Arts and Sciences. Founded in 1780, the academy was organized "to honor achievement in science, scholarship, the arts and public affairs..." He also recently received the honorary doctor of science degree from St. John's University in Jamaica, N.Y. The citation recognized "...the talent, energy and accomplishment of this dedicated physician and especially for ministering to the ills of his neighbor."*



*NINDS' Dr. Charlotte McCutchen and Donna Huber (standing) tend to the garden they planted adjacent to the Federal Bldg. in Bethesda. The flowers are a result of a collection by Federal Bldg. employees to beautify the patch of land. "We all made it our project—it was so ugly before," said Huber.*

## Female Volunteers Wanted

Female volunteers between the ages of 27 and 60 are wanted for studies of central nervous system hormones. Must be in good physical and mental health and taking no medications. Subjects will be paid. For more information, call Dr. DeBellis, 480-0944. □

## Update on Training Survey

The NIH Training Center had an excellent response to the NIH-wide training needs survey that was mailed in April. Of the 2,414 questionnaires sent to a sample of the NIH population, 1,047 replies have been received. This 49 percent return rate is a reflection of the high level of interest NIH employees have in their training and development, said staff.

The data will be analyzed to determine where training resources should be focused and priorities established. The Training Center will consider ways to enhance the delivery of training through emerging technologies and new approaches such as modular course sessions. Data will also be provided to ICDs on the overall responses of their employees.

A drawing was held to determine the winners of a free 1-day Training Center course. To be eligible for this drawing one needed to be among the first to return the survey. The following five employees were selected: Lawrence M. Friedman, NHLBI; John D. Clemens, NICHD; Michael Rogawski, NINDS; Jane Shure, NIA; and Andrew J. Vargosko, NCI.

Future results will be reported in the *NIH Record*. The Training Center staff expresses its appreciation to those who responded and supported this effort. □

# The NIH Record

Published biweekly at Bethesda, Md., by the Editorial Operations Branch, Division of Public Information, for the information of employees of the National Institutes of Health, Department of Health and Human Services, and circulated to nonemployees by subscription only through the Government Printing Office. The content is reprintable without permission. Pictures may be available on request. Use of funds for printing this periodical has been approved by the director of the Office of Management and Budget through September 30, 1991.

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## NHLBI Starts Program to Aid Heart Attack Victims

The National Heart, Lung and Blood Institute has announced a national educational program aimed at reducing sudden death and disabling illness from heart attacks through faster identification and treatment of heart attack victims.

Called the National Heart Attack Alert Program, the new effort aims to reduce the time lag between when a heart attack starts and when the patient receives medical treatment. This will be done by educating health care professionals, patients, and their families to identify signs of a heart attack and take immediate action to secure medical attention.

The program was launched officially at the first meeting of the NHAAP coordinating committee, which includes representatives from 24 major health organizations involved in responding to heart attacks and 11 federal agencies. For the first time, these diverse groups are collaborating to organize a national education effort aimed at reducing time to treatment for heart attack victims.

Heart attacks strike 1,250,000 Americans each year; about 40 percent of these heart attacks, or 500,000, are fatal. In 1988, the cost to the nation from coronary heart disease was an estimated \$53 billion: \$21 billion for direct medical care and another \$32 billion in lost work days and lost future earnings.

"Recent advances in techniques for treating heart attacks have the potential to substantially reduce the human and economic toll from heart attack," said NHLBI director Dr. Claude Lenfant. Among the latest advances are several different thrombolytic drugs, which break up the blood clots that cause many heart attacks, and automatic defibrillators, used to shock the heart back into normal rhythm after an attack.

However, currently available data suggest



*Dr. James O. Mason (l), HHS assistant secretary for health, spoke with Dr. Claude Lenfant, NHLBI director, before addressing the inaugural meeting of the National Heart Attack Alert Program. Mason said that the technology to save lives of heart attack victims has advanced significantly in recent years but must now be transferred to the communities caring for such patients.*

that only a fraction of heart attack patients who could benefit from the new therapies are receiving such treatment. There is evidence that several critical factors—including personal inhibitions, emergency system overload, and hospital inefficiencies—delay patients from reaching immediate and effective therapy.

The heart attack alert program will reach several different audiences to raise awareness of how to improve heart attack response. These audiences include physicians, nurses, paramedics and rescue workers, high-risk patients and those around them (family, friends and coworkers). As in NHLBI's other national education programs, a combination of communication approaches will be used that may include educational materials, conferences and mailings to health care professionals. □

## Smoking Linked to Gum Disease

Smokers are five times more likely than nonsmokers to have periodontal (gum) disease, according to researchers at the University of Minnesota. This finding confirms the long-held assumption of a link between smoking and gum disease.

Gum disease is a progressive infection that can gradually destroy the gums and other supporting structures of the teeth and can eventually lead to tooth loss.

The Minnesota researchers examined 800 healthy adults ages 28-75, average age 52, for signs of gum disease. They measured the amount of plaque—a sticky substance containing bacteria that can promote tooth decay and gum disease—on the teeth. They looked for gum inflammation, or gingivitis, which can be an early sign of gum disease. And finally, they measured periodontal pockets—infected pockets that form between teeth and gums when the gums begin to recede.

Pocket depth was measured in eight places and an average was taken. The smokers were five times more likely than their nonsmoking counterparts to have an average pocket depth of 4 mm or more—the definition of gum disease used in this study. Slightly over three percent of the adults in this survey were diagnosed with gum disease.

This link between smoking and gum disease was unrelated to the age or sex of the participants or to the amount of plaque on their teeth, gum inflammation, the presence of harmful bacteria known to promote gum disease, or the last time their teeth were cleaned, researchers said.

The scientists say they will continue to investigate the relationship between smoking and gum problems.

The university's Clinical Research Center for Periodontal Diseases is supported by NIDR.—Mary Daum □

## Young Blacks Have Greatest Risk for Juvenile Periodontitis

Young Blacks are over 15 times more likely than white youth to develop juvenile periodontitis, according to a national survey of children's oral health. The survey, conducted by NIDR, revealed that 87,000 American teenagers are affected by this rare but devastating gum disease that often results in tooth loss before the age of 20.

These findings, reported by Drs. Harald Löe and L. Jackson Brown, provide the first prevalence estimates for juvenile periodontitis based on a national sample representative of America's 13 million young people ages 14-17.

More than 11,000 adolescents in the 14-17 age group received periodontal examinations and were checked for the two forms of juvenile periodontitis: localized juvenile periodontitis (LJP), which strikes only certain teeth; and

generalized juvenile periodontitis (GJP), which can affect any teeth and has a broader pattern of destruction.

Data from the periodontal examinations showed that while juvenile periodontitis is rare among U.S. teenagers, the total number of children affected is significant. Nationwide, 70,000 (0.5 percent) of 14-17 year olds were estimated to have LJP and 17,000 (0.1 percent) to have GJP.

The survey found that young Blacks were at much greater risk for all forms of juvenile periodontitis than white youth. Blacks were 15 times more likely to have LJP than whites and 25 times more likely to have generalized juvenile periodontitis. The data also showed that Hispanic children were twice as likely to have LJP than non-Hispanics.

When gender was considered alone, the

investigators noted that, contrary to some earlier studies, females were not at greater risk than males to have juvenile periodontitis. Gender associated with LJP, however, revealed significant differences between racial groups. Black males were three times as likely to have LJP as Black females. In contrast, white females were at greater risk than white males by about the same odds.

Distinct from adult periodontal disease, juvenile periodontitis first occurs around puberty and may have major physical as well as psychological impact on its young victims. The disease is noted for rapid, often symptomless destruction of the soft tissues and bone that anchor the teeth, but with early detection and treatment, affected teeth can often be saved.—Patricia Sheridan □

## WOMEN'S HEALTH

(Continued from Page 1)

barriers to inclusion of women of childbearing age in research; and increasing NIH research on topics of importance to women's health.

Dr. Ruth Kirschstein, NIGMS director and acting director of NIH's Office of Research on Women's Health (ORWH)—which was established in September 1990—said, "NIH is doing a lot more for women's health than we have been given credit for." In the vast majority of research studies, clinical trials and large-scale studies, women are well-represented in the study population. Nevertheless, she pointed out, NIH has come to the conclusion that there must be an increased emphasis on women's health.

Kirschstein told the attendees that it has become clear to her and others that communication between women and their physicians is not very good. Whether this problem is having a negative impact on the quality of medical care that women receive is a real concern not only to women but also to their husbands, families, and friends. She said, "Women are demanding to be considered important consumers of health care and won't tolerate not being taken seriously anymore."

Although a research unit cannot hope to change all the frustrations that women have, ORWH will address a broad array of their concerns. It will attempt to bring changes in the system by setting up a series of studies and conferences to "set realistic research agendas to improve the health of women and the entire population," according to Kirschstein.

### Congressional and NIH Activities

Last year a Government Accounting Office study for the Congressional Caucus for Women's Issues criticized NIH for making little progress in implementing its policy on including women in clinical trials. Speaking at the STEP module, the author of that report, Dr. Mark Nadel, associate director for national and public health issues in GAO's Human Resources Division, said he was impressed with NIH's progress on this issue during the past year. He found NIH to be "extremely responsive and more cooperative than other agencies."

Carol Miller, a member of the staff of Rep. Olympia Snowe who, with Rep. Patricia Schroeder, cochaired the Congressional Caucus for Women's Issues, told the attendees that Snowe has introduced a bill that would mandate in law the already-established Office of Research on Women's Health at NIH. The bill would also establish three multidisciplinary centers for women's health that would be coordinated by ORWH but located at universities; establish an intramural OB/GYN program with a loan repayment plan to



Offering insights into women's health at the STEP module were (from l) Dr. J. Chris Gallagher, an endocrinologist at St. Joseph's Hospital in Omaha; NIGMS director and acting ORWH director Dr. Ruth Kirschstein; Dr. Robert Rebar, chair of the OB/GYN department at the University of Cincinnati College of Medicine; and Dr. Nancy Woods, professor of nursing at the University of Washington.

encourage medical students to come here after graduation; and determine the extent to which women are represented in senior positions at NIH and, as appropriate, carry out activities to increase their representation. Miller stated that in 1990, only about 14 percent of SES positions at NIH were held by women.

Since the STEP module, Rep. Henry Waxman has included in the 1991 NIH reauthorization bill the provisions to mandate the existence of ORWH and its role in placing women in senior positions, as well as a provision to locate the OB/GYN programs in NICHD.

Plans are already under way to create a gynecology branch within NICHD's intramural program. Recruitment for the head of this branch was nationwide and candidates are now being interviewed. In response to the FY 1991 Senate appropriations report language requesting NICHD to broaden and expand its OB/GYN program, NICHD is moving toward establishing a free-standing intramural perinatology branch that would be located in an appropriate nearby hospital.

The status of intramural women researchers was also discussed at the STEP module by Dr. Susan Wood, who is currently a congressional science fellow with the Congressional Caucus for Women's Issues. Based on the raw data that the caucus received from NIH and ADAMHA, she said that a classic glass ceiling does exist here for women with an M.D. or Ph.D. She pointed out that there is not much "trickle up" in the intramural program; women do not often move up to positions of section, branch, or laboratory chiefs.

Many of the actions NIH has already taken—including setting up ORWH and training extramural and contract review staffs on how to ensure that women are included in clinical trials—were described by Dr. John Diggs, NIH deputy director for extramural research. He also discussed the new 10-year,

\$500 million women's health initiative recently announced by NIH director Dr. Bernadine Healy, which will be coordinated by ORWH and conducted by NCI, NHLBI, NIAMS, NIA, NIDDK, NINDS and NICHD. The study will investigate what effects the use of hormones, changes in diet and exercise patterns, and smoking cessation may have—alone or in combination—on reducing women's risks for cancer, cardiovascular disease, and osteoporosis.

Dr. Duane Alexander, NICHD director, emphasized that his institute has the largest program in this country to evaluate contraceptives. NICHD was involved in developing some of the new approaches to contraceptive delivery such as the sponge and skin patch and is working on other implantable methods. NICHD will be setting up several new centers for contraceptive research and at least one for infertility research.

### Cardiovascular Disease

Several speakers stressed the need to educate physicians and the public that the number one killer of American women is heart disease. Of the 540,000 Americans dying each year from heart disease, 250,000 are women. (Next is cancer, which takes the lives of about 200,000 women annually, 44,000 of whom die from breast cancer.)

Usually, the onset of heart disease in women occurs about 10 to 15 years later than in men. This is partly due to estrogen, which has a number of beneficial effects, including stimulating the production of HDL (high-density lipoproteins or "good cholesterol") and lowering LDL (low-density lipoproteins or "bad" cholesterol) levels. However, when women have heart attacks, they are more likely than men to die from them or to suffer more serious, long-term effects, according to Dr. Judith Vaitukaitis, NCRR deputy director



for extramural research resources.

Currently there are 45 million postmenopausal women in the United States and they will spend about one-third of their lives in this state. Yet there is a paucity of research on many of the diseases that afflict them. Furthermore, women are floundering in a sea of conflicting data about the benefits and risks of hormone replacement therapy (HRT). It may provide protection to women from heart disease, osteoporosis, and distressing effects of menopause, but reported risks include breast or endometrial cancer, blood clots, and migraines.

The first multicenter, large-scale clinical trial designed to assess the risks and benefits associated with different hormone replacement regimens in postmenopausal women ages 45 to 64 years is being conducted by NHLBI, in collaboration with NIDDK, NICHD, NIA, and NIAMS. The Postmenopausal Estrogen/Progestin Intervention (PEPI) trial will assess the impacts of HRT on cardiovascular disease, osteoporosis risk factors, endometrial changes, and the quality of life.

## Osteoporosis

Dr. Estelle Ramey, professor emeritus at Georgetown University, urged the biomedical research community to prevent women from getting the chronic diseases that will plague them the rest of their lives. One of these disorders is osteoporosis, which has been estimated to cause more than 1.3 million bone fractures annually in postmenopausal women and the elderly. Women lose 30 percent of the bone mass in their spines by the time they reach 80; half of that loss occurs during the first 6 years after menopause. Both men and women lose 30 percent of the bone mass in the neck of the femur (the top of the thigh bone) by age 50.

Dr. J. Chris Gallagher, an endocrinologist at St. Joseph's Hospital in Omaha, pointed

out that women on HRT have half the number of hip fractures than those not on it, because estrogen is very efficient at decreasing the amount of bone that the body is continuously resorbing. However, as soon as one stops taking estrogen, there is immediate bone loss. Bone density in the spine and femur can now be measured by a scanning technique. The information it yields can be used by physicians to predict the rate of loss of bone mass in women over age 50; the estrogen dosage can then be tailored to meet each woman's specific needs.

Gallagher also mentioned two anti-resorptive drugs on the horizon for women with osteoporosis. One, a nasal spray of calcitonin—a synthetic hormone that slows further bone breakdown—is now available in Europe. In the United States, the only form of calcitonin currently approved by FDA must be injected several times a week, which limits its use. The other group of drugs, the bisphosphonates, can be administered orally; they are currently undergoing clinical trials.

## Drug Metabolism

Dr. Frank Standaert, professor of pharmacology and anesthesiology at the Medical College of Ohio, Toledo, pointed out that oral contraceptives (OCs) are one of the most interactive drug groups known. OCs have a profound effect on a woman's ability to metabolize many compounds including hormones and drugs. For example, the interactions between OCs and some antiepileptic drugs can decrease the efficacies of both drugs and result in pregnancy or seizures.

Drug metabolism can also be affected by many factors, including age, diet, genetic variations, the environment, and gender. Yet the dosage for most medications that women take are based on studies in men. According to Standaert, men participating in outpatient clinical trials of drugs are not fully compliant



*Speakers at the recent STEP module on women's health issues included Dr. Judith Vaitukaitis, NCRR deputy director for extramural research resources, and Dr. Frank Standaert, professor of pharmacology and anesthesiology at the Medical College of Ohio.*

about taking the prescribed amount, but they do not admit it to the researchers. So a study's results may be skewed because the beneficial, as well as the adverse, effects of a drug may be occurring in the male participants at a much lower dose than the researchers realize. But the higher "trial" dose becomes the recommended dose for all adults. Consequently, women—who, in general, are smaller than men and thus require smaller amounts of a drug—could be overdosing themselves by taking a drug's recommended dosage.

This is also one of several reasons, Standaert said, that women are more likely than men to suffer adverse side effects from drugs. Others include the fact that women are much more compliant than men about taking the prescribed amount of medicine and take more types of drugs that could interact.

Dr. Eileen Leonard, pulmonary group leader for FDA's Center for Drug Evaluation and Research, stated that in recent years the proportion of women enrolled in clinical trials used to support new drug approval has generally reflected the sex-specific incidence of the disease to be treated, although there have been exceptions such as a disproportionately low enrollment of women in trials for new angina drugs. She said that the drug development community is not necessarily failing to include women in clinical trials, but is failing to properly study the impact of sex, age and other variables on the therapeutic and adverse effects of drugs.

## Women and Cancer

Dr. Michael Friedman, associate director for NCI's Cancer Therapy Evaluation Program, presented data from 1989 showing that 57 percent of all phase II and III entrants into NCI studies were women. The percentage of women who participate in NCI clinical trials is roughly comparable to the percentage of women among all patients who develop those

**(Continued on Page 8)**

## Quiz Yourself on Women's Health

Based on presentations at the STEP module, did you know that:

- About 7 million eggs are produced in a female fetus by 24 weeks of gestation, that 99 percent of these have degenerated by age 25, and only 300 to 400 are ever ovulated?
- During a pregnancy, a woman makes more estrogen than she otherwise would in 100 years of reproductive life?
- Estrogens and androgens can have major impacts on the neurons in the brain?
- Animal studies have shown that gonadal hormones have an impact on the immune system?
- More women than men die from heart attacks in hospitals or right after discharge?
- Women survive a shorter time than men after HIV infection?

- The rate of bone loss in the neck of the femur (top of the thigh bone) occurs at the same rate in women and men in their twenties and thirties as in their eighties?
- The efficiencies of the liver and kidneys in metabolizing and eliminating drugs decrease after age 40 and that men deteriorate faster in this respect than women?
- Aspirin works differently and faster in men than in women?
- That many common foods, including grilled hamburgers (smoke is the culprit), can interfere with drug metabolism?
- Historically, laws to protect women workers and any potential fetuses from exposures to hazardous materials have applied only to those in marginal occupations such as factory workers, not to those in professions such as nursing?



*Yasheena Staton concentrates on becoming a clown for a day at the face-painting stand staffed by preschool personnel.*



*Molly Hooven takes her turn at soloing for the 65 children and 200 visitors who participated in POPI's spring event.*



*POPI alumna Amanda Morris (c) visited old chums Alison Walsh (l) and Molly Hooven at the preschool's annual event held in Bldg. 35's courtyard.*

## NIH Preschoolers Dance, Sing for Spring



*Preschool alumna Kristin Pomeroy (l), and Naomi Altuvia and Keren Hopby accompanied performer John Taylor at the microphone. Taylor is a visiting artist at Wolf Trap.*

Photos: Bill Branson



*Fire fighter Cipriano Enriquez takes preschoolers (from l) Benjamin Guralnik, Austin St. Clair and Evan Mahan on a tour of the fire truck during the spring event held on campus by Parents of Preschoolers, Inc., a childcare facility for children of NIH employees.*

## Strober Named Deputy Director of NIAID's Intramural Research

Dr. Warren Strober has been named deputy director of NIAID's Division of Intramural Research. In his new role, Strober will assume the challenge of long-range planning for the division. The DIR's scope of research encompasses the causes, preventions, diagnoses, and treatments for all allergic, immunologic and infectious diseases.

"I welcome Dr. Strober's input into the formulation and guidance of a science program directed toward the understanding of the pathogenesis of infectious agents and the mechanisms of immune responses," said Dr. Anthony S. Fauci, NIAID director.

Strober will also continue to maintain the position he has held since 1983, chief of the mucosal immunity section in NIAID's Laboratory of Clinical Investigation (LCI). One of Strober's chief research interests is the metabolism of serum proteins, particularly the immunoglobulins. The mucosal system includes the gastrointestinal and respiratory tracts, which are the sites of entry for many pathogens. Part of Strober's laboratory efforts focus on factors that control production of human immunoglobulin A, an antibody that

functions to prevent infection from binding to the mucosa. In addition to conducting basic research, he and his colleagues see and treat patients with a variety of immunodeficiency diseases in the clinical setting at LCI in the Clinical Center.

Strober joined NIH in 1964 as a clinical associate in NCI's Metabolism Branch and later was appointed head of the immunophysiology section of the branch. He received his B.S. degree from Brooklyn College and his M.D. degree from the University of Rochester School of Medicine, specializing in internal medicine and allergy and immunology.

Strober is the past chair of the American Board of Allergy and Immunology and a member of the American Society of Clinical Investigation. He has been the deputy editor of the *Journal of Immunology* since 1987, and is the recipient of the Distinguished Research Award from the Gastroenterologic Association, and of numerous Public Health Service Awards. He is a clinical associate professor of pediatrics at Howard University and heads the medical student immunology course at NIH. □



*The Women's Medical Association of New York City has named Dr. Roselyn Payne Epps 1991 Physician of the Year. She received the award for her outstanding leadership of women in medicine and her many contributions to the improvement of health care in the United States. Epps is currently president of the American Medical Women's Association, professor of pediatrics and child health at Howard University, and a visiting scientist in NCI's Cancer Control Science Program.*

## Nussenblatt Wins Proctor Medal for Excellence in Eye Research

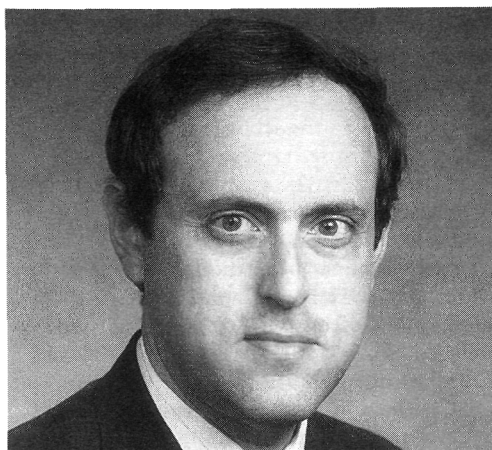
Dr. Robert B. Nussenblatt, clinical director and acting scientific director of the National Eye Institute, has been selected as a co-recipient of the 1991 Proctor Medal for excellence in basic and clinical eye research. He shares this year's award with Dr. Waldon B. Wacker, professor emeritus at the University of Louisville.

The Proctor Medal—established in memory of the eminent eye researcher Dr. Francis I. Proctor in 1946—is the oldest and most prestigious of four awards the Association for Research in Vision and Ophthalmology (ARVO) presents annually to highlight individual achievement in basic vision research.

The honor is particularly significant because ARVO is one of the most prominent professional societies in eye research. "I am very pleased and honored to receive the Proctor Medal," said Nussenblatt. "To me, the award holds special significance because it represents the recognition of my peers in the field."

A native of New York City, Nussenblatt received his M.D. in 1972 from the State University of New York, Downstate Medical College. His internship and residencies were served at Bellevue Hospital in New York City.

Since joining NEI in 1977, Nussenblatt has become an internationally recognized expert on uveitis, a group of distinct inflammatory diseases of the eye that causes approximately 10 percent of all visual impairment in the United States.



Dr. Robert B. Nussenblatt

For several years, studies by Nussenblatt and his NEI colleagues on the major retinal proteins, S-antigen and IRBP, have provided fundamental clues to the autoimmune basis of some uveitic diseases. These basic insights are helping vision researchers formulate innovative strategies to treat autoimmune forms of uveitis.

Nussenblatt received the Proctor Medal during the ARVO's annual meeting in Sarasota, Fla. He presented a special lecture to meeting attendees entitled, "Experimental Allergic Uveitis: Investigations of Retinal Autoimmunity and the Immunopathologic Responses Invoked." □

## NLM Shows Off Its Acquisitions From the Decade of the Eighties

An exhibit entitled "A Decade of Historical Acquisitions at the National Library of Medicine, 1981-1990" will be on display in the front lobby of the library, Bldg. 38, through Aug. 20. The exhibit will highlight significant additions of the past 10 years to the collections of the library's History of Medicine Division. It will include rare books, letters, manuscripts, prints, photos, audiovisuals and ephemera.

Among the many materials on display will be an extremely rare first edition (1571) of Nicolas Monardes' *Segunda Parte* describing the medicinal value of plants from the New World, a modern print entitled "Grandpa's Microscope," various photos of NIH activities, a letter from Albert Einstein to noted New York clinician Emmanuel Libman and Libman's consultation report on Gustave Mahler's final illness, a manuscript account book from the 1720's of Philadelphia physician John Kearsley, postcards depicting medical subjects such as hospitals and nurses, and clips from several historical films including *Case Study of Multiple Personality* (1923). □

## Infant Care Available

The NIH Infant/Toddler Center run by ChildKind, Inc., in Bldg. T-46 has spaces available for children 18 months to 2 years of age. Subsidy information is available upon request. Call Lee Eltman, 496-8357. □



**(Continued from Page 5)**

cancers under study. However, Friedman feels that gender differences are often less significant a factor in cancer treatment than biologic heterogeneity.

He pointed out that NCI assures that women have equal access to clinical trials; that trials represent the state-of-the-art treatment for women; and that information from the trials is provided to other women.

**Clinical Trials**

Dr. Constance Atwell, NEI's deputy associate director for extramural and collaborative programs and chief, Strabismus, Amblyopia, and Visual Processing Branch is also cochair of the advisory committee to the director on women's health issues. She discussed some of the difficulties that will have to be resolved to include women in clinical trials. For example, if the impact of estrogen and/or progesterone on the endpoint of a study needs to be determined, then adequate numbers of women at different hormonal stages of their menstrual cycle will have to be included.

Not all studies need to evaluate gender differences, Atwell stressed. However, we need better strategies for identifying those research questions for which gender differences are likely to be scientifically important and thus warrant putting in the additional resources required to obtain statistically meaningful analyses by gender.

On June 12-13, ORWH held a planning meeting to bring together interested organizations or individuals to state their positions on priorities for research on women's health. Atwell stated that ORWH will use information from this meeting, at which about 80 presenters testified, in preparing for its major meeting Sept. 4-6 to set NIH's agenda for research on women's health for the next 10-15 years. Participants at the conference in Hunt Valley, Md., will include a broad spectrum of basic and clinical investigators, practitioners and women's health advocates.

Atwell hopes that research on women's health will become such a priority in all the ICDs that the ORWH won't have to exist very long. □

**Credit Union Speeds Loan Process**

The NIH Federal Credit Union offers 24-hour approval on car, home equity and mortgage loans and Checkmate, a revolving line-of-credit and overdraft protection service. With an approved home equity loan of at least \$25,000, the credit union will pay all closing costs during its "Give Us 24 Hours and We'll Give You the World" loan promotion.

All four programs are available at competitive interest rates and offer tax benefits and affordable payments. For more information on 24-hour response programs, or for an application, stop by any NIHFCU office. □

**HARDEN****(Continued from Page 1)**

tones. "University-based historians are often highly skeptical of those of us who work for the government—that our work will be uncritical court histories glorifying the agencies," she said. Because of this, she prefers to publish where her work will be peer-reviewed.

Long before the book on Rocky Mountain spotted fever (RMSF) was sent to a publisher, she said, she had sought advice on each chapter from many different scientists and historians. "None of the scientific experts ever pressured me to cast the story in a particular light," she said. "They were most generous, however, in providing an excellent scientific critique."

Harden lauds supervisor Storm Whaley, NIH's associate director for communications. "He is just magnificent. His institutional memory about NIH—of individuals and of sources—has been incredibly valuable to me. And of course, he writes beautifully."

The advisory committee for the Stetten Museum also receives high praise. Comprised of NIH researchers and administrators, the committee "shares its wealth of knowledge about science and NIH—I can't say enough about its contributions," she said.

A native of Marietta, Ga., Harden planned to major in chemistry at Emory University in Atlanta. "In my sophomore year I took my first college history course at the same time I struggled with organic chemistry. I found that I enjoyed the hours in the library much more than the hours in the laboratory.

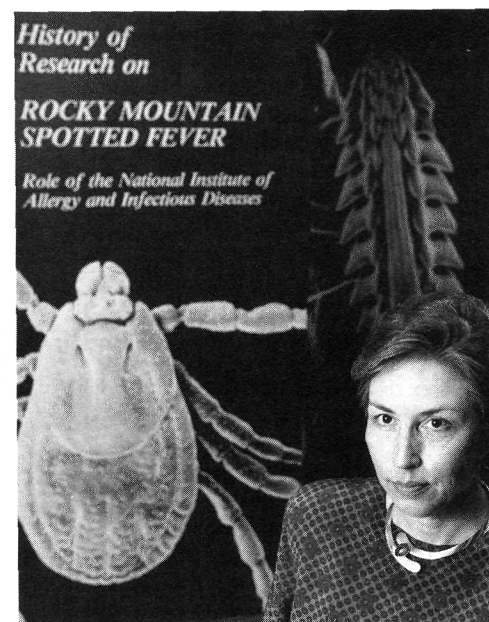
"It was fun to search through old newspapers, to read letters written by people long-dead—to try to recreate how people of another time thought and felt," she said.

A senior seminar in medical history, taught by Prof. James Harvey Young, proved especially interesting. "Dr. Young had just published two books that have become classics on medical quackery in America," Harden notes. "I thought the subject was fascinating but never dreamed that I might write a book myself."

Instead, she trained as a history teacher and then took a master's degree in American history at the University of Florida. From 1968 to 1972 she taught at Huston-Tillotson College in Austin, Tex. Later she returned to her home town and taught high school social studies for 4 years.

"After earning extra money by writing curricula guides during the summers," she noted, "I discovered that I had an aptitude for researching and writing and, more importantly, that I really enjoyed it." She decided to return to Emory for her doctorate in history, and chose Professor Young as her dissertation advisor.

The first half-century of NIH history became her dissertation topic through a seren-



*This photo of Dr. Victoria A. Harden was taken in front of the NIAID exhibit on Rocky Mountain spotted fever, which is a part of the "Windows into NIH History" series sponsored by the DeWitt Stetten, Jr. Museum of Medical Research. The exhibit includes original bottles of the tick-tissue vaccine, samples of ticks in various stages of their life cycles, a table-top centrifuge, and an entomological microscope used by Dr. Ralph R. Parker.*

dipitous discovery. "The papers of Charles Holmes Herty, a former president of the American Chemical Society, contained letters from Sen. Joseph E. Ransdell of Louisiana about their joint efforts to create a National Institute of Health."

Unable to find other sources about this story, she contacted Dr. Wyndham Miles at NLM. "He encouraged me to pursue the topic, because no one else had examined it yet." This study became both her dissertation and, after revision during a postdoctoral year at the Johns Hopkins Institute for the History of Medicine, her first book, *Inventing the NIH*.

As she was completing work on this book, Harden was invited by NIAID to write the history of Rocky Mountain spotted fever.

"It was an ideal situation for a historian," she recalls. "For 2 years I did nothing but research, 8 hours a day."

As NIH's centennial year approached, Harden began writing the RMSF book and discussing with Dr. DeWitt Stetten, Jr. his vision of a museum at NIH dedicated to medical research. Between helping Stetten launch his museum (NIAID had lent her to Stetten half time), aiding the centennial celebration, and writing about RMSF, she became hooked on the intellectual history of science.

Harden calls her work "internalist" history, which concentrates on medical research in the 20th century. "It is an exciting field with many, many opportunities. I am always happy

## About the Prize, the Book and Its Subject

The Adams Prize that Harden recently won for her book on RMSF recognizes the book published in the previous year that makes the most significant contribution to the understanding of the history of the federal government.

NIAID and its predecessor laboratories, especially the Rocky Mountain Laboratory (RML) in Hamilton, Mont., have supported research on RMSF since 1902, making it one of the oldest continuing investigations by the federal government.

Harden's book is dedicated to the late Dr. John R. Seal, former NIAID deputy director, who envisioned the history, and to Dr. William L. Jellison, a retired RML entomologist who devoted time, effort and personal resources to preserving the history of RMSF.

RMSF was first distinguished from other diseases during the late 19th century, and all of the research on it was conducted during the 20th century. In the 1920's, Drs. Roscoe R. Spencer and Ralph R. Parker of the U.S. Public Health Service developed a vaccine against RMSF made from the bodies of ground-up ticks. Harden's book details the resourcefulness and ingenuity employed in rearing millions of ticks each year to make this vaccine. The RML was built expressly to produce this vaccine.

In the 1930's, another federal scientist, Dr. Herald R. Cox, discovered that the rickettsial organisms that cause RMSF would grow in fertile hens' eggs. This not only revolutionized RMSF vaccine production but also provided a means to prepare the vaccine against epidemic typhus that protected Allied troops during World War II.

After 1948, when broad-spectrum antibiotics were discovered that cured RMSF, research on the disease dropped off dramatically. During the 1970's, however, the number of cases of RMSF began to rise inexplicably, and NIAID investigators at the RML contributed to several new discoveries about this disease. Dr. Gregory McDonald and his colleagues produced a candidate subunit vaccine that is currently undergoing evaluation. Dr. Willy Burgdorfer and his associates made several contributions, and, in a classic example of scientific serendipity, uncovered the organism that causes Lyme disease while researching RMSF.

"When I began research for this book," Harden said, "I had no idea that the history of RMSF could illuminate the entire 20th century history of infectious disease research so clearly."

She also credited the early investigators who saved their correspondence files and Nick Kramis, the RML photographer who labeled and indexed a collection of photographs about RMSF research. "It made my job much easier," she said.

Crediting the author herself in a book review that appeared Mar. 22 in *Science* is Duke University's Robert Korstad: "The prose is lively... Harden wishes her study to be read as a 'romance' about the efforts to diagnose, prevent, and treat spotted fever, and her affection for the determined researchers is evident throughout. But the book has more the feel of a good detective novel... Her excellent study greatly increases our knowledge and understanding..."

graphical information on a scientist from the 1940's, researching material for an exhibit on an instrument developed in an NIH laboratory, or writing a book on AIDS. That is the value of an in-house history office." □



## FAES Announces Fall Classes

The FAES Graduate School at NIH announces the schedule of courses for the fall semester. The classes, which are sponsored by the Foundation for Advanced Education in the Sciences, will be given on the NIH main campus.

Tuition for the evening classes is \$60 per credit hour, and courses may be taken for credit or audit. Biotechnology courses are on a daytime schedule, include optional laboratory sessions and have a different tuition charge (\$400 for lecture alone or \$675 for lecture and laboratory). Courses that qualify for institute support as training should be cleared with supervisors and administrative officers as soon as possible.

Courses are offered in biochemistry, biology, biotechnology, chemistry, computer science, mathematics, medicine, pharmacology, immunology, microbiology, psychology, psychiatry, statistics, languages, administration and courses of general interest.

It is often possible to transfer credits earned to other institutions for degree work, and many courses are approved for AMA category 1 credit.

Limited tuition assistance for both evening and biotechnology courses is available to NIH-affiliated guest researchers, special volunteers and students who can demonstrate financial need. This program is supported by the DeWitt Stetten, Jr. Memorial Scholarship Fund (FAES) and the Pierre Renault Memorial Scholarship Fund (Nardone Associates). Applications may be obtained by calling 496-7977 and will be accepted through Aug. 9.

Fall walk-in registration will be held from Sept. 4 through 10 and classes will begin Sept. 16. Advance mail registration closes Aug. 9. Course catalogs will be available mid-July in the graduate school office in Bldg. 60, Suite 230; the Foundation Bookstore, Bldg. 10, Rm. B1L101; and the business office, Bldg. 10, Rm. B1C18. To have a catalog sent, call 496-7977. □

*Evelyn Attix, former executive officer of NHLBI, died May 5, of a cerebral hemorrhage. She was stricken at her home in Washington, D.C. She began her career in the then National Heart Institute in the early fifties as a GS-2 clerk in the intramural program. She worked her way up through the ranks to become the Division of Intramural Research administrative officer until 1975 when she was appointed to the position of NHLBI executive officer, thus becoming one of the highest ranking women at NIH. She served in that capacity until 1984, when she retired to devote her considerable talents and energies to charitable organizations.*

when other historians take on a project in this area. I also encourage scientists and physicians themselves to document the history of their laboratories in writing or, at least, by saving their personal papers and artifacts."

Harden communicates her enthusiasm for science history in a number of ways on campus. She teaches a course on the history of medicine for FAES and makes herself available as a resource for institutes that are contemplating their own histories.

Collaborating with institutes on exhibits for the Stetten Museum also provides an opportunity to point out how quickly the past can disappear. "Often institute representatives volunteer to locate old instruments for exhibit—'Everybody had one of them,' they will tell me. If much time has passed, they will be lucky to locate one!"

Time, the historian's bane and blessing, may not permit Harden to achieve everything on her ambitious agenda. For her part, she would be happy with a humbler legacy: "I want our office to serve the needs of the NIH community, whether that means finding bio-

## CAFETERIA

(Continued from Page 1)

features proposed will be a take-out pizza counter, a 75-item salad bar, a waffle cone dispensary, a revamped heart-healthy menu and a waitered-service dining area for business meeting lunches.

"It will please not only different appetites," Horton says, "but also different pocketbooks."

The renovation project is not new. Nearly 5 years ago, suggestions to change the cafeteria were approved and a budget in excess of \$1 million was appropriated for a full-scale redecorating/reorganization effort.

"Unfortunately, the funds were reprogrammed," Horton says. "There were a lot of concerns with the cafeteria. It was esthetically unpleasing. It was antiquated. We needed to do something about it, but there were no funds."

For a long time, NIH cafeterias in Bldgs. 10, 31, 1 and 35 have been operated under a use agreement with GSI. Under terms of the contract, GSI is permitted to manage the cafeteria and NIH reimburses the company for all services, equipment costs and maintenance costs. NIH is also required to absorb any losses.

When Horton took on the task of clearing up the cafeteria issue, he examined the contract and found that all the cards seemed stacked against NIH's budget. GSI had what boiled down to a no-risk agreement and NIH had complaint-riddled dining facilities and mounting expenses with no end in sight.

"It was an arrangement that I didn't like," remembers Horton. "So what I proposed to GSI was that we would modify the use agreement. They would be completely responsible for running the cafeteria, because they are the experts."

A new agreement was reached this past February and will become effective with the renovation of the B1 cafeteria. In exchange for turning full control over to GSI—including the ability to make operational changes—NIH will eliminate all subsidies under the new terms. No longer will NIH disburse a management fee, absorb losses, or buy or repair equipment.

According to Horton, this deal will work to the advantage of both GSI and NIH. Where before NIH had veto power over any new ideas (and therefore new expenses) GSI wished to incorporate, now GSI controls its own purse strings.

"I limit them from upgrading equipment because I don't have the money," says Horton. "This way they can upgrade whatever they want." The responsibility for paying for renovations now belongs to GSI. The first renovation—Bldg. 10—is costing NIH nothing.

GSI has done this before. Their upgraded, modern facilities can be seen in such govern-

ment entities as the State Department, Housing and Urban Development and the General Accounting Office. The result of the new look and variety in those cafeterias has been a 30 percent increase in usage and sales. By bringing additional choices and atmosphere to NIH's campus, GSI will more than cover any expenses from the renovation effort. And NIH employees will reap the culinary benefits.

"We have a little city here and what we need to do is create the variety that a city offers you," says Horton.

Another new GSI offering proposed is a waitered-service dining area, which will be available by reservation for business lunches, conference dining and private office events. The use of this dining area will be more expensive than regular cafeteria fare and will include all the ambience afforded by china and table linens. A portion of the back kitchen will be used for the formal seating so the regular cafeteria will not lose any seating.

"People need a place where they can have business meetings in a quiet setting," says Horton, who predicts the area will be popular because no comparable place exists on campus.

Price increases could be the one drawback in the renovation plans. But, Horton says the new menu will not dramatically change any prices; only moderate increases in some items will be noticed. GSI cannot, by law, overcharge.

"There will be some price increases, but you still will be able to get a decent meal at a very inexpensive price," he stresses. "There's a cap on food prices and their overall profit."

While the cafeteria is closed down for renovations, GSI will erect a temporary food service tent on the south patio outside Bldg. 10 to house part of the serving lines. The seating area will be open and employees will enjoy a picnic-like atmosphere. Currently, the architect's plans, which must meet fire safety, structural and utility codes, are going through a review process. Horton hopes to have renovations complete by early October.

"We're working in a very tight window because once the snow comes we want to be finished," he says.

## Cafeteria Prices To Rise

The Division of Space Management has made the following announcement:

"Effective July 1, there will be a 10 percent increase in prices in all the Guest Services, Inc. (GSI) cafeterias on the NIH campus. This increase, the first general increase in prices in 6 years, is necessary to maintain the quality of food and services whose cost has steadily increased over the years. We all have experienced the same phenomenon in our personal grocery purchases, which have risen 4-5 percent just this year.

"For the GSI cafeterias, food and services

costs have been and are continuing to be affected by petroleum prices through higher food transportation costs, as well as an increase in the costs of petroleum byproducts such as plastic utensils. In addition, GSI labor costs have escalated significantly.

"Despite the spiral in food and service costs, GSI has absorbed all increases while maintaining quality and service through cost-effective management practices and creative marketing. Unfortunately, they have reached a point where they must now pass along a portion of the increase to their patrons. We apologize for any hardship this may cause and look forward to your continued patronage." □

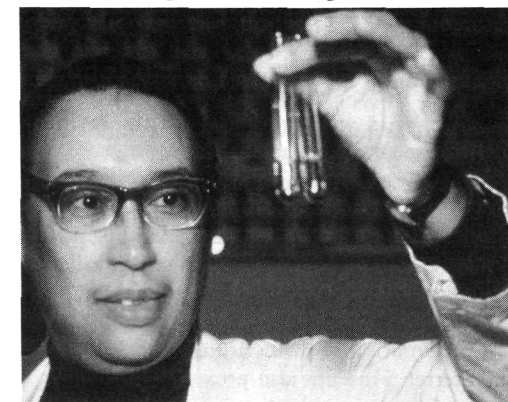
## Training Catalogs Available

NIH Training Center catalogs and brochures are located in racks:

Bldg. 10, 1st floor near cafeteria  
Bldg. 10, 2nd floor near cafeteria  
Bldg. 30, 1st floor  
Bldg. 31, B2B47 inside URC  
Bldg. 31, B2, near elevator  
Bldg. 31, B1, near elevator  
Bldg. 1, lobby level  
EPS, lobby level  
EPN, 1st floor  
Westwood, outside Rm. 438. □

## NINDS Sponsors Summer Lectures

Uncontrolled epilepsy and possible clinical solutions will be the topic of the second lecture in the NINDS Annual Lecture Series in the Neurological Sciences for students enrolled in the institute's summer program. Dr. William Theodore, chief of the clinical epilepsy section, Medical Neurology Branch, will deliver the talk on July 11 at 11:30 a.m. in Lipsett Amphitheater, Bldg. 10.



Dr. Audrey Penn

The final talk will be given on July 18 by NINDS grantee Dr. Audrey Penn, professor of neurology at Columbia University, who will explain how neurological diseases have shaped neurological research.

Topics in this series were chosen for their interest to students enrolled in the NINDS Summer Program, but attendance is open to all NIH summer students. For more information call Levon Parker, 496-5332. □





## TRAINING TIPS

The NIH Training Center of the Division of Personnel Management offers the following:

### Courses and Programs Starting Dates

<i>Management and Supervisory</i> 496-6371	
Working With Personal Differences: MBTI	7/17
Applications and Professional Development	
Successful Middle Management at NIH	7/22
Applied Creativity	7/23
Conflict Resolution	7/23
Attitudes—How They Affect Productivity in the Work Environment	7/26
Total Quality Awareness	7/30
Communications for Results (Phase II)	7/30
Time Management	8/5
Reviewing Other People's Writing	8/7
Recognition Secrets: Innovations for Rewarding Today's Workers	8/8
Practical Management Approaches	8/8

### Office Operations and Administrative

<i>Systems Training</i> 496-6211	
Federal Supply Schedules	7/2
Property Management Information System	7/19
Basic Time and Attendance	7/19
Buying From Small and Large Businesses on the Open Market	7/16
Delegated Acquisition Training Program	7/22
Quality Writing I	7/29
Reducing Stress: Rebuilding Energy for Office Support Personnel	7/30

### Special Courses 496-6211

Basic Employee Relations	7/24
Break the Smoking Habit	7/11
Basic Labor Relations	8/19
KSA Methodology Training	8/19
American Sign Language Level 1	9/10
American Sign Language Level 2	9/10

The NIH Training Center, DCRT, and other training information is available on WYLBUR. Logon to Wylbur and type ENTER TRAINING



Kristine Metter, assistant supervisor for donor resources at the Blood Bank, took a whipped-cream pie in the chops at a pie toss held as part of Carnival '91. She reports that the pie toss was a "very popular" event at the celebration.

## Host Families Sought for Medical Students from Japan

Host families are being sought for three medical students from Kyoto University in Japan who will be spending their elective research rotation in laboratories of the National Cancer Institute this summer and fall.

Dr. Kenneth H. Kraemer of the Laboratory of Molecular Carcinogenesis has arranged for laboratories to host Kazutaka Hayashida, Masatomo Miyamoto and Arata Tabuchi from Aug. 1 to Oct. 15. This exchange is an outgrowth of a 3-month stay of a Kyoto University student in Kraemer's laboratory last summer. In January, Kraemer visited Kyoto and talked with several students about the opportunities for research at NIH and these students "are very motivated and already have started training" for their visit, according to Dr. Hiraku Takebe, professor in Kyoto University's department of experimental radiology. In addition to Kraemer, Dr. James Strickland of the Laboratory of Cellular Carcinogenesis and

Tumor Promotion and Dr. Yves Pommier of the Laboratory of Molecular Pharmacology will be serving as scientific hosts.

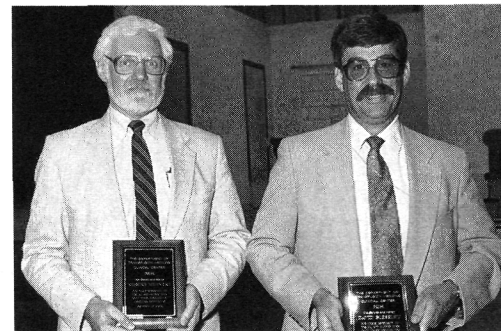
Dr. Michael Fordis, director of the Office of Education, stated that he was "eager for the students to join us" and that he hoped "that their visit represents the beginning of a long and productive program of exchanges between the institutions."

While the primary purpose of the students' visit is to engage in a research project, the students hope to become familiar with the American way of life by living with an American family. These young men are responsible for the funding of their visit and would reimburse their host families for room and board. Families living close to NIH are preferred as the students will have no transportation of their own. If you are interested in hosting one of these medical students, call Dr. Jeffrey Sich at the Office of Education, 496-2427, as soon as possible. □

## Blood Bank Holds Open House



Receiving plaques for donating 10 gallons of blood are (from l) Douglas Dolan, Dr. Michael Oxman and Martha LeRoy.



Welcomed to the Blood Donor Hall of Fame at NIH for people who have given 100 units or more are Robert Mehnert (l) and David Blessley. Not shown is fellow hall of famer Joel Hedetniemi.



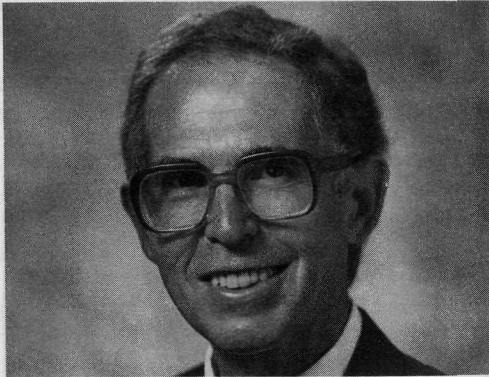
Blood donors got a chance to pelt the people who solicit their donations with pie at Carnival '91, attended by about 400 people who enjoyed hot dogs, popcorn, cotton candy, dart toss, and basketball shooting. Each year the department of transfusion medicine at the Clinical Center finds a creative way to lavish gratitude upon its generous corps of donors.

Photos: Ernie Branson

## NHLBI's Burg Elected to NAS

Dr. Maurice B. Burg, chief of NHLBI's Laboratory of Kidney and Electrolyte Metabolism, has been elected a member of the National Academy of Sciences—the only NIH scientist to receive that honor this year.

An expert in renal physiology, Burg and his collaborators developed methods to prepare renal tubules as suspensions and then to dissect the tubules out individually from the kidney so that their biochemical and transport functions could be studied in vitro. These methods, first developed in the 1960's, have become standard in kidney research. Their use has greatly expanded scientists' understanding of renal excretion, diuretic action, hormonal regulation, and other aspects of kidney function.

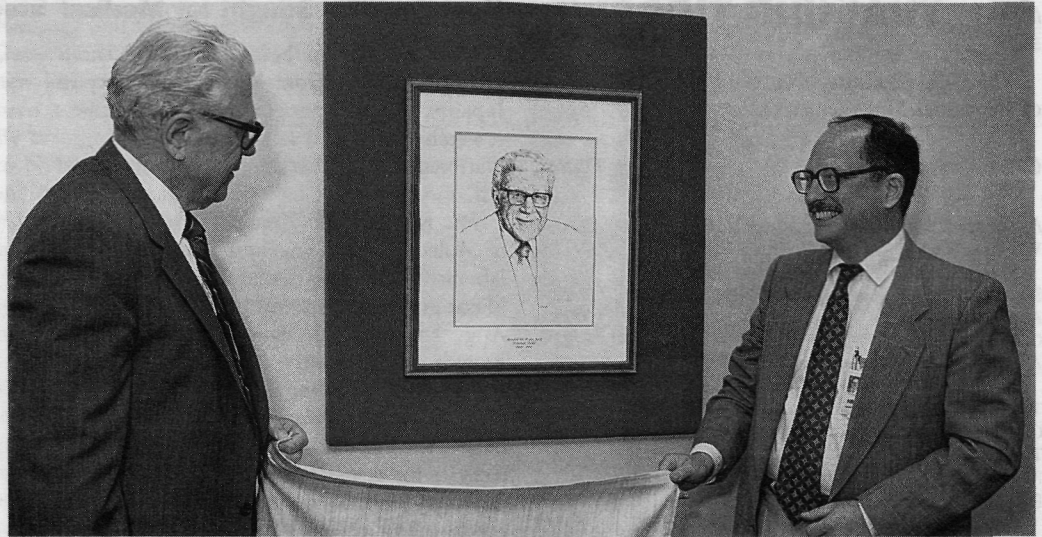


Dr. Maurice Burg

Since 1985, Burg's research team has been studying osmotic regulation by cells of the kidney's medulla, which are exposed to potentially harmful levels of sodium chloride and urea in the blood and interstitial fluid. Using a combination of analytical, tissue culture, and molecular biology techniques, the researchers identified the protective substances that the cells accumulate in their own defense. They have analyzed how these substances, called organic osmolytes, help protect kidney cells and are now studying osmotic regulation of the genes involved in accumulation of organic osmolytes.

Born in Boston, Burg graduated cum laude from Harvard College and received his M.D. from Harvard Medical School. In 1957 he joined his current laboratory as an investigator, becoming deputy chief in 1974 and chief in 1975. An adjunct professor of medicine at the Johns Hopkins University School of Medicine, Burg served as vice president of the American Society of Nephrology in 1981. He won the Homer Smith Award in Renal Physiology in 1977, the American Heart Association Ciba Award in 1986 and a Public Health Service Commendation Medal in 1987.

Besides Burg, NHLBI has five other members of the National Academy of Sciences: Drs. Edward Korn, Martha Vaughn, Marshall Nirenberg, Earl Stadtman, and Thressa Stadtman. □



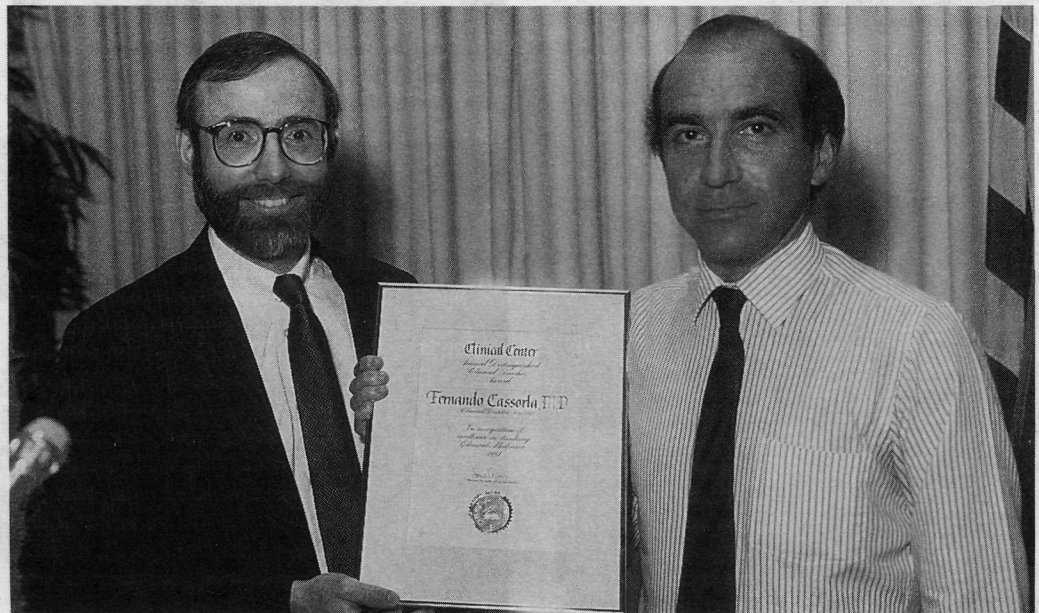
DCRT director Dr. David Rodbard (r) helps his predecessor, Dr. Arnold "Scotty" Pratt, unveil his portrait (by NIH artist Al Laoang) in a recent ceremony. DCRT staffers also honored Pratt's 25 years of division leadership by naming a conference room after him and hailing his recent appointment as "scientist emeritus."

## Normal Volunteers Needed

NICHD is seeking women who are 1 year postmenopausal or who have premature ovarian failure to participate in a research study testing the effectiveness of the medication progesterone. Participants must be 18-65 years of age, on no chronic medication, normal weight and in good health. Compensation is available. Call Rene Kimzey, 496-4244. □

## Recycling Hotline Needs Help

A recycling hotline is being developed to serve Montgomery County citizens starting in July. It will tentatively operate from 1 to 4 p.m. at the Cooperative Extension Service located at Agricultural History Farm Park in Derwood. To volunteer to answer phones at the hotline, contact Madeleine Greene, 590-9638. The service will provide training for all phone volunteers. □



Dr. Michael Fordis (l), director of NIH's Office of Education, presents NICHD's clinical director Dr. Fernando Cassorla with the Clinical Teacher Award. Cassorla was recently cited for his "excellence in teaching clinical medicine" and his significant contributions to the diagnosis and treatment of disorders of puberty, particularly as they relate to bone growth. He has been at NIH since 1979, when he joined as a visiting scientist, becoming senior investigator in 1986 in NICHD's Developmental Endocrinology Branch. He was appointed clinical director in August 1990.